

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/12/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G504		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/14/2013	
NAME OF PROVIDER OR SUPPLIER IN-PACT INC				STREET ADDRESS, CITY, STATE, ZIP CODE 211 W 76TH AVE MERRILLVILLE, IN 46410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: June 10, 11, 12, and 14, 2013.</p> <p>Facility number: 001018 Provider number: 15G504 AIM number: 100239810</p> <p>Surveyor: Amber Bloss, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/25/13 by Ruth Shackelford, QIDP.</p>		W000000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on interview and record review, the facility failed to implement written policies and procedures that prohibit abuse in regards to substantiated abuse against a client for 1 of 3 sampled clients (Client #3). The facility failed to follow written policies in regards to notifying the local police department for 1 of 1 substantiated allegation of abuse (Client #3). The facility failed to implement their policy on abuse prevention and prohibition in regards to Elder Justice Act with the potential to affect 4 of 4 clients living in the group home (Clients #1, #2, #3, #4). The facility failed to follow their policy to ensure all injuries of unknown origin were reported immediately to the administrator and thoroughly investigated for 1 of 1 injury of unknown origin for 1 of 3 sampled clients (Client #3).</p> <p>Findings include:</p> <p>1. On 6/10/13 at 2:00 PM, the BDDS (Bureau of Developmental Disabilities Services) reports from 6/10/12 to 6/10/13 were reviewed. A BDDS report dated 5/22/13 indicated on 5/21/13 Client #3 was "agitated because he lost his outing</p>			W000149	<p>Policies and procedures are written, in place and implement to prohibit abuse to clients. All staff are trained on abuse/neglect and reporting policy upon hire and at least annually thereafter. Responsible person: Ruth Fields, Training Coordinator. A staff meeting was held following this incident. We discussed indicators, responsibilities, good care practices by knowing the client's needs, wants and interests. We also discussed problem solving, anger mgt, coping strategies; as well as to focus on the cause verses the aggressor and to have a better understanding of the disability. Responsible persons: Sheila O'Dell, Group Home Director, Traci Hardesty, QMRP & Karen Warner, behaviorist. A protocol was also put into place for Client #3 and trained on following this incident. Responsible persons: Sheila O'Dell, Group Home Director, Traci Hardesty, QMRP & Karen Warner, behaviorist. The police would have been contacted within 24 hours per the Elder Justice Act, but the family came over that evening and called. Not more than one person needs to report the same incident. Responsible person: Traci Hardesty, QMRP.</p>		07/12/2013

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	<p>per his behavior plan." The report indicated Client #3 went into the living room and began "messaging with the TV, as if he was going to knock it over." The report indicated DSP (Direct Service Professional) #1 and two other staff went into the living room to attempt to redirect Client #3. The report indicated DSP #1 "told him to leave the TV alone. [Client #3] kicked [DSP #1] in the knee and [DSP #1] lost her temper." The report indicated another staff attempted to move Client #3 out of the way but DSP #1 "pushed [Client #3] and the other staff to the couch. [DSP #1] hit [Client #3] in the face and then [Client #3] spit in her face. [DSP #1] grabbed [Client #3]'s face and yelled at him." The report indicated three staff intervened and "got [DSP #1] off of [Client #3]." The report indicated DSP #1 said she was quitting her job and left the group home.</p> <p>The BDDS report indicated Client #3 sustained a "bloody nose and lip along with scratches on the right shoulder/collarbone area." The report indicated Client #3's parents were informed and chose to file a police report. The report indicated DSP #1 was suspended pending investigation and was terminated when the allegation of abuse was substantiated.</p>		<p>The Elder Justice Act is posted at all locations in common area in view. Responsible person: Ingrid Stringer-Bullard, Group Home Manager.QMRP, Manager and staff will be re-trained on policy #28 reporting and investigating incidents of abuse, which includes reported injuries of unknown origin immediately. Responsible person: Sheila O'Dell, Group Home Director.To ensure future compliance, the training document will specifically state the Elder Justice Act to show initial and continuing training to all employees. Responsible person: Ruth Fields, Training Coordinator. To ensure future compliance, our policy on reporting and investigating incidents was revised to state the Elder Justice Act, so that they would not be any confusion on when to call the police. Responsible person: Ruth Fields, Training Coordinator. To ensure future compliance, reliabilities will be completed to ensure competency. Responsible person: Traci Hardest, QMRP and Ingrid Stringer-Bullard, Group Home Manager.</p>				

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	<p>The investigation was reviewed on 6/11/13 at 11:37 AM and indicated all staff present during the 5/21/13 incident involving Client #3 were interviewed. The investigation indicated the QIDP (Qualified Intellectual Disabilities Professional) was in the home during the incident and provided a written statement.</p> <p>The investigation indicated DSP #2 provided a written statement on 5/22/13. DSP #2 indicated DSP #2 attempted to intervene between Client #3 and DSP #1. DSP #2 indicated all three of them (DSP #1, DSP #2, and Client #3) fell back onto the couch. DSP #2 indicated Client #3 kicked DSP #1 in the knee. DSP #2 indicated DSP #1 held Client #3's face under the chin and while DSP #2 tried to separate them, Client #3 spit in DSP #1's face. DSP #2 indicated DSP #1 asked Client #3, "Why did you spit on me?" DSP #2 indicated DSP #1 "began to push him in his face with a (sic) open hand." DSP #2 indicated Client #3 was struck two to three times and was "bleeding from his nose and mouth."</p> <p>The investigation indicated DSP #3 provided a written statement on 5/22/13. DSP #3 indicated Client #3 kicked DSP #1 in the knee. DSP #3 stated DSP #1 "hit [Client #3] in his face with her fist. [Client #3's] nose and lip was (sic)</p>						

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	<p>bleeding." DSP #3 indicated Client #3 spit on DSP #1 and she grabbed him by the face and Client #3 sustained scratches on the right side of his face as a result.</p> <p>DSP #4 gave a written statement dated 5/22/13. DSP #4 indicated she was in the kitchen as the incident was occurring. DSP #4 indicated DSP #1 was standing up in the living room when she entered the room. DSP #4 indicated she "started to pull her out of the living room and then she said 'I quit this job.'"</p> <p>DSP #1 gave a written statement dated 5/24/13. DSP #1 indicated Client #3 was agitated over losing his outing due to his behavior of "wetting the bed." DSP #1 indicated Client #3 began cursing and he said he intended to run away. DSP #1 indicated Client #3 went outside but came back inside and indicated he intended to break the television. DSP #1 indicated she was alone with Client #3 in the living room when she intervened. DSP #1 indicated Client #3 hit her and she "took him down falling on the couch." DSP #1 indicated Client #3 started to kick and spit at her. DSP #1 indicated she put her hand over Client #3's mouth to prevent further spitting. DSP #1 indicated when she got up from the couch, Client #3 kicked her in the knee where she had an injury.</p>						

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	<p>The QIDP provided a written statement for the investigation dated 5/21/13. The QIDP indicated DSP #2 and DSP #1 went into the living room to stop Client #3 from breaking the television. The QIDP indicated she was in the living room when she heard Client #3 yelling. The QIDP stated Client #3 had kicked DSP #1 in "her bad knee and she lost her temper." The QIDP indicated DSP #2 was holding Client #3 while DSP #1 was shoving Client #3 which resulted in all three of them (DSP #3, DSP #1, and Client #3) falling onto the couch. The QIDP indicated Client #3 was on the couch with DSP #1 straddling him when she punched him in the face which caused a "bloody nose and bloody lip." The QIDP indicated DSP #1 was yelling at Client #3 with her arm across his collar bone when he spit in her face. The QIDP indicated DSP #1 grabbed Client #3 by "his face, squeezing hard and scratched his check (sic) several times on the right side of his nose." The QIDP indicated they (QIDP, DSP #2, DSP #3) were yelling at DSP #1 to stop. The QIDP indicated DSP #3 was holding onto Client #3 in an attempt to prevent him from attacking DSP #1, DSP #2 was attempting to get between Client #3 and DSP #1, and she (QIDP) was behind DSP #1 trying to get her off of Client #3. The QIDP stated, "after about 3 minutes, she (DSP #1) released him</p>						

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	<p>(Client #3), continued to yell and began to get her shoes on. [Client #3] swore at her and [DSP #1] started to charge him again. [DSP #4] had entered the room at this time and grabbed [DSP #1]'s arm, pulling her away and telling her to 'just go'." The QIDP indicated DSP #1 left the home.</p> <p>In the investigation packet, the Administrator indicated, "This incident was substantiated and all investigations were completed." The Administrator indicated DSP #1 was suspended pending the investigation and was terminated once the allegation was substantiated.</p> <p>On 6/10/13 at 2:04 PM, the facility policy on reporting and investigating incidents and allegations of abuse and neglect was received from the QIDP (undated, confirmed current) which indicated, "consumers must not be subjected to abuse by anyone, including, but not limited to, facility staff, other consumers, consultants or volunteers, staff of other agency serving the consumer, family members or legal guardians, friends, or other individuals."</p> <p>2. On 6/10/13 at 2:00 PM, the BDDS (Bureau of Developmental Disabilities Services) reports from 6/10/12 to 6/10/13 were reviewed. A BDDS report dated 5/22/13 indicated on 5/21/13 Client #3</p>						

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	<p>was "agitated because he lost his outing per his behavior plan." The report indicated Client #3 went into the living room and began "messaging with the TV, as if he was going to knock it over." The report indicated DSP (Direct Service Professional) #1 and two other staff went into the living room to attempt to redirect Client #3. The report indicated DSP #1 "told him to leave the TV alone. [Client #3] kicked [DSP #1] in the knee and [DSP #1] lost her temper." The report indicated another staff attempted to move Client #3 out of the way but DSP #1 "pushed [Client #3] and the other staff to the couch. [DSP #1] hit [Client #3] in the face and then [Client #3] spit in her face. [DSP #1] grabbed [Client #3]'s face and yelled at him." The report indicated three staff intervened and "got [DSP #1] off of [Client #3]." The report indicated DSP #1 said she was quitting her job and left the group home.</p> <p>The BDDS report indicated Client #3 sustained a "bloody nose and lip along with scratches on the right shoulder/collarbone area." The report indicated Client #3's parents were informed and "chose to file a police report on his behalf." The report indicated DSP #1 was suspended pending investigation and was terminated when the allegation of abuse was substantiated.</p>						

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	<p>The QIDP provided a written statement for the investigation dated 5/21/13. The QIDP indicated DSP #2 and DSP #1 went into the living room to stop Client #3 from breaking the television. The QIDP indicated she was in the living room when she heard Client #3 yelling. The QIDP stated Client #3 had kicked DSP #1 in "her bad knee and she lost her temper." The QIDP indicated DSP #2 was holding Client #3 while DSP #1 was shoving Client #3 which resulted in all three of them (DSP #3, DSP #1, and Client #3) falling onto the couch. The QIDP indicated Client #3 was on the couch with DSP #1 straddling him when she punched him in the face which caused a "bloody nose and bloody lip." The QIDP indicated DSP #1 was yelling at Client #3 with her arm across his collar bone when he spit in her face. The QIDP indicated DSP #1 grabbed Client #3 by "his face, squeezing hard and scratched his check (sic) several times on the right side of his nose." The QIDP indicated they (QIDP, DSP #2, DSP #3) were yelling at DSP #1 to stop. The QIDP indicated DSP #3 was holding onto Client #3 in an attempt to prevent him from attacking DSP #1, DSP #2 was attempting to get between Client #3 and DSP #1, and she (QIDP) was behind DSP #1 trying to get her off of Client #3. The QIDP stated, "after about</p>						

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	<p>3 minutes, she (DSP #1) released him (Client #3), continued to yell and began to get her shoes on. [Client #3] swore at her and [DSP #1] started to charge him again. [DSP #4] had entered the room at this time and grabbed [DSP #1]'s arm, pulling her away and telling her to 'just go'." The QIDP indicated DSP #1 left the home.</p> <p>The investigation packet indicated the incident on 5/21/13 occurred at 2:15 PM. The investigation packet indicated Client #3's mother filed a police report on 5/22/13 at 5:51 PM.</p> <p>On 6/10/13 at 2:04 PM, the facility policy on reporting and investigating incidents and allegations of abuse and neglect was reviewed by the QIDP (undated, confirmed current). The facility policy indicated, "In the event of an emergency situation requiring police assistance the local Police Department is to be immediately notified."</p> <p>On 6/12/13 at 11:37 AM, the QIDP was interviewed and indicated the facility did not notify the police regarding the incident on 5/21/13 of the suspected abuse by DSP #1 against Client #3. The QIDP indicated she was present during the incident and had contacted the family. The QIDP indicated the facility did not notify the local police department because</p>						

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	<p>she knew the family was on the way and they elected to file a police report. The QIDP stated, "In hindsight, I can see why we should have called the police."</p> <p>On 6/12/13 at 12:26 PM, the facility policy on reporting crimes pursuant to the Elder Justice Act (undated, confirmed current by QIDP) was reviewed. The policy indicated covered individuals (known as owners, operators, employees, managers, agents, and contractors) were "required to report any reasonable suspicion of a crime, as defined by the laws of Indiana, against any individual who is receiving any type of services" from the facility. The policy indicated, "if a person receiving services did not incur seriously bodily injury, the a Covered Individual is required to report the suspicion no later than twenty-four (24) hours after forming the suspicion." The policy indicated, "if a Covered Individual notifies In-Pact of its suspicion of a crime against any individual who is receiving services from In-Pact, then In-Pact will report that suspicion to law enforcement on the Covered Individuals behalf."</p> <p>3. On 6/12/13 at 12:16 PM, the facility policy on reporting crimes pursuant to the Elder Justice Act was further reviewed. The policy indicated, "it is In-Pact's</p>						

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	<p>policy to notify owners, operators, employees, managers, agents and contractors (collectively referred to as a 'Covered Individuals' and individually as 'Covered Individual') of their duty to report reasonable suspicion of crimes to the Secretary and law enforcement." The policy indicated the facility, "shall take steps to ensure that Covered Individuals are notified annually of their duties to report under the Social Security Act. This may include, but is not limited to, one of the following ways..." by posting the sign specified by the Secretary for this purpose in an appropriate location, in-service education, or staff meeting.</p> <p>During an interview on 6/12/13 at 12:26 PM, the QIDP (Qualified Intellectual Disabilities Professional) indicated the facility did not have documentation which indicated staff had been trained on the Elder Justice Act. The QIDP indicated staff would have been trained during new hire orientation on facility policy and procedures. The QIDP stated the Elder Justice Act training would have occurred during a "broad discussion on policy and procedures" but otherwise no documentation was kept by the facility. No further training documentation for the Elder Justice Act was available for review.</p>						

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	<p>4. On 6/10/13 at 4:12 PM, the facility's internal incident reports were reviewed. An incident report dated 11/30/12 at 6:15 AM indicated DSP #5 took Client #3 to the bath in the morning and "noticed a bruise above the crack of his butt about the size of a large apple." DSP #5 indicated Client #3 "had a take down at school yesterday." DSP #5 indicated she called the school and they indicated Client #3 "may have gotten the bruise during the restraint." The incident report indicated the injury was of "known" source. The QIDP (Qualified Intellectual Disabilities Professional) reviewed and signed the incident report on 12/21/12.</p> <p>On 6/10/13 at 2:04 PM, the facility policy of reporting and investigating incidents and allegations of abuse and neglect was received from the QIDP (undated, confirmed as current). The policy indicated reportable incidents were "any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual or death of an individual. Incidents may include the following: #11. Injuries of Unknown Origin, #12 Significant injuries including but not limited to: a. Injuries</p>						

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	<p>incurred while individual was restrained....." The policy indicated "upon the occurrence of any incident, regardless of severity, the staff who observed the incident/injury is to immediately notify the Program Director/Administrator who will notify the Program Manager. Staff or day site staff that was in contact with the consumer during the previous 24 hours will be interviewed. Each staff will be required to give a written statement of their remembrance of events that occurred for the consumer during that time period. The Program Manager will be responsible for gathering the documentation from the staff and getting the documentation to the Program Director/Administrator within 5 days of the date of the incident."</p> <p>During an interview on 6/12/13 at 11:37 AM, the QIDP indicated the internal incident reports were to be checked by both the house manager and the QIDP. The QIDP stated the bruise discovered on Client #3 by DSP #5 was not reported to the administrator or investigated as an injury of unknown origin because it was "just overlooked."</p> <p>9-3-2(a)</p>						

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview, the facility failed to ensure all injuries of unknown origin were reported immediately to the administrator for 1 of 1 injury of unknown origin for 1 of 3 sampled clients (Client #3) in accordance with state law.</p> <p>Findings include:</p> <p>On 6/10/13 at 4:12 PM, the facility's internal incident reports were reviewed. An incident report dated 11/30/12 at 6:15 AM indicated DSP #5 took Client #3 to the bath in the morning and "noticed a bruise above the crack of his butt about the size of a large apple." DSP #5 indicated Client #3 "had a take down at school yesterday." DSP #5 indicated she called the school and they indicated Client #3 "may have gotten the bruise during the restraint." The incident report indicated the injury was of "known" source. The QIDP (Qualified Intellectual Disabilities Professional) reviewed and signed the incident report on 12/21/12.</p> <p>During an interview on 6/12/13 at 11:37 AM, the QIDP indicated the internal incident reports were to be checked by both the house manager and the QIDP. The QIDP stated the bruise discovered on Client #3 by DSP #5 was not reported to the administrator as an injury of unknown origin</p>			W000153	<p>All staff are trained on abuse/neglect and reporting policy upon hire and at least annually thereafter. Person responsible: Ruth Fields, Training Coordinator. QMRP, Manager and staff will be re-trained on policy #28 reporting and investigating incidents of abuse, which includes immediately reporting unknown injuries. Responsible person: Sheila O'Dell, Group Home Director. To ensure future compliance, all internal incident reports are to be reviewed daily to ensure they were reported timely. Responsible person: Ingrid Stringer-Bullard, Group Home Manager. To ensure future compliance, a reliability will be completed to ensure competency. Responsible person: Traci Hardesty, QMRP.</p>		07/12/2013

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	because it was "just overlooked." 9-3-2(a)						

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed to thoroughly investigate an injury of unknown origin for 1 of 1 incidents reviewed for injury of unknown origin for 1 of 3 sampled clients (Client # 3).</p> <p>Findings include:</p> <p>On 6/10/13 at 4:12 PM, the facility's internal incident reports were reviewed. An incident report dated 11/30/12 at 6:15 AM indicated DSP #5 took Client #3 to the bath in the morning and "noticed a bruise above the crack of his butt about the size of a large apple." DSP #5 indicated Client #3 "had a take down at school yesterday." DSP #5 indicated she called the school and they indicated Client #3 "may have gotten the bruise during the restraint." The incident report indicated the injury was of "known" source. The QIDP (Qualified Intellectual Disabilities Professional) reviewed and signed the incident report on 12/21/12.</p> <p>During an interview on 6/12/13 at 11:37 AM, the QIDP indicated the internal incident reports were to be checked by both the house manager and the QIDP. The QIDP stated the bruise discovered on Client #3 by DSP #5 was not reported or investigated as an injury of unknown origin because it was "just overlooked." 9-3-2(a)</p>		W000154	<p>All staff are trained on abuse/neglect and reporting policy upon hire and at least annually thereafter. Person responsible: Ruth Fields, Training Coordinator. All instances of unknown injuries are to be report immediately and investigated thoroughly per policy. Responsible person: Sheila O'Dell, Group Home Director. QMRP and Manager will be re-trained on policy #28 reporting and investigating incidents of abuse, which includes completing a thorough investigation of any unknown injuries. Responsible person: Sheila O'Dell, Group Home Director. To ensure future compliance, an investigation packet will be completed. The investigation packet will contains everything that is needed for a thorough investigation for unknown injuries. This includes an assessment of the injury, review of the incident report, communication with staff, review of behavioral data, a visual check of the environment, communication with the consumer, review of the house log and any other. It also includes if medical intervention was needed and that all of the team was contacted about the incident. There is a section that they are to</p>		07/12/2013	

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				<p>check if it is substantiated or not, if the action taken appears to be sufficient or if further action is needed like: training, shift change, supervision levels reestablished, BSP retraining, etc. The last section of the investigation packet is that the Program Director/Administrator receives this packet within five days of the incident and a summery/assessment based off the the information is completed. It then gets passed off to the next scheduled safety committee meeting. Responsible person: Traci Hardesty, QDDP.</p>			

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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview, the Qualified Intellectual Disabilities Professional (QIDP) failed to ensure each client's Behavior Support Plan was integrated and coordinated in all settings and monitored in regards to physical restraints at a school setting for 1 of 3 sampled clients (Client #3).</p> <p>Findings include:</p> <p>On 6/10/13 at 4:12 PM, the facility's internal incident reports were reviewed. An incident report dated 11/30/12 at 6:15 AM indicated DSP #5 took Client #3 to the bath in the morning and "noticed a bruise above the crack of his butt about the size of a large apple." DSP #5 indicated Client #3 "had a take down at school yesterday." DSP #5 indicated she called the school and they indicated Client #3 "may have gotten the bruise during the restraint." The incident report indicated the injury was of "known" source. The QIDP (Qualified Intellectual Disabilities Professional) reviewed and signed the incident report on 12/21/12.</p> <p>During an interview on 6/11/13 at 7:34 AM, DSP #4 stated Client #3's school usually called to inform the house staff if he had been restrained at school, "so, we know he might have a couple of bruises in the next day or two, but no bruises were found yet." DSP #4 indicated the house staff</p>			W000159	<p>The QMRP will be retrained to ensure that each client's day program is integrated, coordinated and monitored. Responsible person: Sheila O'Dell, Group Home Director.A form will be created to track and monitor any restraints and school suspensions. Responsible person: Traci Hardesty, QMRP. To ensure future compliance, a day service contact will be completed as needed, but at least quarterly. Responsible person: Traci Hardesty, QMRP & Ingrid Stringer-Bullard, Group Home Manager.</p>		07/12/2013

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	<p>would fill out a yellow slip to notify the supervisor and would call to notify the guardian.</p> <p>During an interview on 6/11/13 at 11:37 AM with the QIDP and the Administrator, the QIDP indicated Client #3's restraints at school might be included in the summary of concerns in his ISP (Individual Support Plan) or if necessary, extra team meetings are held to discuss concerns. The Administrator indicated the facility usually received suspension notices for Client #3 if a restraint had occurred at school. The Administrator indicated the facility would not report or monitor restraints at a school setting the same as the residential setting because the programs are under different regulations. The Administrator indicated Client #3's behavior plans for both school and resident settings were revised by the facility Behavior Specialist. The Administrator indicated she believed the restraints used by the residential facility and the school were similar in technique but wasn't certain.</p> <p>During record review on 6/12/13 at 1:00 PM, Client #3's annual IEP (Individual Education Program) dated 2/7/13 was reviewed. Client #3's IEP indicated diagnoses, included but not limited to, ADHD (attention defect hyperactive disorder), oppositional defiant disorder, pervasive developmental disorder, Tourette's Disorder, seizure disorder, and XYY syndrome. Client #3's IEP indicated he had a behavior plan which targeted behaviors as follows: physical aggression (e.g. throwing chairs, knocking over desks, pushing, pinching others), negative verbal</p>						

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	<p>comments/vocalizations (e.g. using profanity, lying, yelling, arguing), and problems maintaining physical boundaries to include touching others. Client #3's IEP indicated when Client #3 "is unable to control his emotions or has broken a school rule, the group home will be contacted to pick [Client #3] up from school. He will go home to regain control and return the same day or the next day." Client #3's IEP included a Behavior Intervention Plan (BIP) (undated) for Client #3. Client #3's school BIP included a "Crisis Contingency Plan" which indicated "should [Client #3] demonstrate a physically aggressive behavior such that he represents a risk to the safety of himself or others, security personnel will be contacted. He may also be placed in a safe physical restraint using CPI (crisis prevention intervention) trained staff/techniques, but this should only be done as a last resort."</p> <p>During an interview on 6/12/13 at 11:37 AM, the QIDP indicated she did not keep documentation of Client #3's physical restraints which occurred at school and did not communicate such information to Client #3's Behavioral Specialist. The QIDP stated the internal incident report written by DSP #5 regarding a bruise discovered on Client #3 as a result potentially of a reported physical restraint at school was "overlooked." The QIDP indicated the facility only maintained copies of Client #3's school suspension notices which were assumed to involve physical restraints to control behavior.</p> <p>On 6/12/13 at 12:26 PM, Client #3's school suspension notification letters were reviewed. The facility had suspension notification letters as follows: Client #3 was suspended from school for one day (3/5/13) for "physical aggression towards</p>						

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	<p>staff and students," suspended for one day (5/17/13) for "physical aggression towards staff, verbal aggression and disrupting school academics," and suspended for two days (5/22/13 and 5/23/13) for "physical aggression towards a student." Client #3's school suspension notification letters did not include information on the interventions employed during Client #3's behaviors on those dates.</p> <p>No further documentation or data was available to review for physical restraints used to control Client #3's behavior while he attended school.</p> <p>9-3-3(a)</p>						

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W000189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on interview and record review, the facility failed to provide each employee with initial and continuing abuse prevention and prohibition training that enables the employee to perform duties competently in regards to the facility's obligation to report suspicions of abuse to the local authorities as outlined in the Elder Justice Act which had the potential to affect 4 of 4 clients living in the group home (Clients #1, #2, #3, and #4).</p> <p>Findings include:</p> <p>On 6/10/13 at 2:00 PM, the BDDS (Bureau of Developmental Disabilities Services) reports from 6/10/12 to 6/10/13 were reviewed. A BDDS report dated 5/22/13 indicated on 5/21/13 Client #3 was "agitated because he lost his outing per his behavior plan." The report indicated Client #3 went into the living room and began "messaging with the TV, as if he was going to knock it over." The report indicated DSP (Direct Service Professional) #1 and two other staff went into the living room to attempt to redirect Client #3. The report indicated DSP #1 "told him to leave the TV alone. [Client #3] kicked [DSP #1] in the knee and [DSP #1] lost her temper." The report indicated another staff attempted to move Client #3 out of the way but DSP #1 "pushed [Client #3] and the other staff to the couch. [DSP #1] hit [Client #3] in the face and then [Client #3] spit in her face. [DSP #1] grabbed [Client #3]'s face and yelled at him." The report indicated three staff intervened and "got</p>			W000189	<p>All staff are trained on abuse/neglect and reporting policy upon hire and at least annually thereafter. Responsible person: Ruth Fields, Training Coordinator The Elder Justice Act is also posted at all locations in a common area in view. Responsible person: Ingrid Stringer-Bullard, Group Home Manager.QMRP, Manager and staff will be re-trained on policy #28 reporting and investigating incidents of abuse, the Elder Justice Act in regards to notifying the police. Responsible person: Sheila O'Dell, Group Home Director.To ensure future compliance, the training document will specifically state the Elder Justice Act to show initial and continuing training to all employees. Responsible person: Ruth Fields, Training Coordinator.</p>		07/12/2013

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	<p>[DSP #1] off of [Client #3]." The report indicated DSP #1 said she was quitting her job and left the group home.</p> <p>The BDDS report indicated Client #3 sustained a "bloody nose and lip along with scratches on the right shoulder/collarbone area." The report indicated Client #3's parents were informed and "chose to file a police report on his behalf." The report indicated DSP #1 was suspended pending investigation and was terminated when the allegation of abuse was substantiated.</p> <p>The QIDP provided a written statement for the investigation dated 5/21/13. The QIDP indicated DSP #2 and DSP #1 went into the living room to stop Client #3 from breaking the television. The QIDP indicated she was in the living room when she heard Client #3 yelling. The QIDP stated Client #3 had kicked DSP #1 in "her bad knee and she lost her temper." The QIDP indicated DSP #2 was holding Client #3 while DSP #1 was shoving Client #3 which resulted in all three of them (DSP #3, DSP #1, and Client #3) falling onto the couch. The QIDP indicated Client #3 was on the couch with DSP #1 straddling him when she punched him in the face which caused a "bloody nose and bloody lip." The QIDP indicated DSP #1 was yelling at Client #3 with her arm across his collar bone when he spit in her face. The QIDP indicated DSP #1 grabbed Client #3 by "his face, squeezing hard and scratched his check (sic) several times on the right side of his nose." The QIDP indicated they (QIDP, DSP #2, DSP #3) were yelling at DSP #1 to stop. The QIDP indicated DSP #3 was holding onto Client #3 in an attempt to prevent him from attacking DSP #1, DSP #2 was attempting to get between Client #3 and DSP #1, and she (QIDP) was behind DSP #1 trying to get her off of Client #3. The QIDP stated, "after about 3 minutes, she (DSP #1)</p>						

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	<p>released him (Client #3), continued to yell and began to get her shoes on. [Client #3] swore at her and [DSP #1] started to charge him again. [DSP #4] had entered the room at this time and grabbed [DSP #1]'s arm, pulling her away and telling her to 'just go'." The QIDP indicated DSP #1 left the home.</p> <p>The investigation packet indicated the incident on 5/21/13 occurred at 2:15 PM. The investigation packet indicated Client #3's mother filed a police report on 5/22/13 at 5:51 PM.</p> <p>On 6/10/13 at 2:04 PM, the facility policy on reporting and investigating incidents and allegations of abuse and neglect was reviewed by the QIDP (undated, confirmed current). The facility policy indicated, "In the event of an emergency situation requiring police assistance the local Police Department is to be immediately notified."</p> <p>On 6/12/13 at 11:37 AM, the QIDP was interviewed and indicated the facility did not notify the police regarding the incident on 5/21/13 of the suspected abuse by DSP #1 against Client #3. The QIDP indicated she was present during the incident and had contacted the family. The QIDP indicated the facility did not notify the local police department because she knew the family was on the way and they elected to file a police report. The QIDP stated, "In hindsight, I can see why we should have called the police."</p> <p>On 6/12/13 at 12:26 PM, the facility policy on reporting crimes pursuant to the Elder Justice Act (undated, confirmed current by QIDP) was reviewed. The policy indicated covered individuals (known as owners, operators, employees, managers, agents, and contractors) were "required to report any reasonable suspicion</p>						

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	<p>of a crime, as defined by the laws of Indiana, against any individual who is receiving any type of services" from the facility. The policy indicated, "if a person receiving services did not incur seriously bodily injury, the Covered Individual is required to report the suspicion no later than twenty-four (24) hours after forming the suspicion." The policy indicated, "if a Covered Individual notifies In-Pact of its suspicion of a crime against any individual who is receiving services from In-Pact, then In-Pact will report that suspicion to law enforcement on the Covered Individuals behalf."</p> <p>On 6/12/13 at 12:16 PM, the facility policy on reporting crimes pursuant to the Elder Justice Act was further reviewed. The policy indicated, "it is In-Pact's policy to notify owners, operators, employees, managers, agents and contractors (collectively referred to as a 'Covered Individuals' and individually as 'Covered Individual') of their duty to report reasonable suspicion of crimes to the Secretary and law enforcement." The policy indicated the facility, "shall take steps to ensure that Covered Individuals are notified annually of their duties to report under the Social Security Act. This may include, but is not limited to, one of the following ways....." by posting the sign specified by the Secretary for this purpose in an appropriate location, in-service education, or staff meeting.</p> <p>During an interview on 6/12/13 at 12:26 PM, the QIDP (Qualified Intellectual Disabilities Professional) indicated the facility did not have documentation which indicated staff working at the group home working with Client #1, #2, #3, #4, and #5 had been trained on the Elder Justice Act. The QIDP indicated staff would have been trained during new hire orientation on facility policy and procedures. The QIDP stated the Elder</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	Justice Act training would have occurred during a "broad discussion on policy and procedures" but otherwise no documentation was kept by the facility. No further staff training documentation for the Elder Justice Act was available for review. 9-3-3(a)						

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W009999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rules were not met.</p> <p>460 IAC 9-3-1(5)(b) Governing body Sec. 1. (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>This State Rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed for 3 of 9 internal incident reports reviewed involving 2 of 4 clients living in the facility (Clients #1 and #3) to submit reports in regards to falls with injury and physical restraint to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours. The facility failed for 2 of 91 behavior data sheet entries to submit report to BDDS within 24 hours in regards to physical restraints for 1 of 3 sampled clients (Client #3).</p> <p>Findings include:</p>		W009999	<p>QMRP, manager and staff were retrained on the BDDS reporting requirements. Person responsible: Sheila O'Dell, Group Home Director. To ensure future compliance, reliabilities will be completed to show competency. Responsible person: Traci Hardesty, QMRP. To ensure future compliance, all internal incident reports are to be reviewed daily to ensure they were reported timely. Responsible person: Ingrid Stringer-Bullard.</p>		07/12/2013	

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	<p>The facility's internal incidents reports from 6/1/12 to 6/6/13 were reviewed on 6/10/13 at 4:12 PM. The review indicated the following:</p> <ul style="list-style-type: none"> - A incident report for Client #1 with an incident date of 1/14/13 indicated Client #1 tripped outside and injured his lip. - A incident report for Client #1 dated 5/4/13 indicated Client #1 fell while running in the park and scraped his arm. - A incident report for Client #3 dated 2/13/13 indicated Client #3's acne on the back of his neck "was agitated during a take down by staff." - A behavior data sheet entry for Client #3 dated 4/3/13 indicated Client #3 had two "take downs" due to behaviors while in the bathroom. - A behavior data sheet entry for Client #3 dated 4/4/13 indicated Client #3 had a "take-down (sic)" due to "profanity and threats thrown at (staff)." <p>During an interview on 6/12/13 at 11:37 AM, the QIDP (Qualified Intellectual Disabilities Professional) indicated Client #3's restraints as documented in the incident reports and the behavior data tracking sheets should have been reported</p>						

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	<p>to BDDS.</p> <p>During an interview on 6/14/13 at 1:30 PM, the Administrator indicated the falls with injury were not reported to BDDS because the injuries were not of unknown origin.</p> <p>9-3-1(5)(b)</p>						